



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1212

SERIAL NUMBER 10/698,031	FILING OR 371(c) DATE 10/29/2003 RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. SAVCOR.1C2CP1
------------------------------------	---	---------------------	-------------------------------	---

APPLICANTS

Brian Mann, Beverly Hills, CA;
 James S. Whiting, Los Angeles, CA;
 Neal L. Eigler, Pacific Palisades, CA;

**** CONTINUING DATA *******

This application is a CIP of 10/127,227 04/19/2002 PAT 7,115,095 which is a CON of 09/956,596
 09/19/2001 ABN
 which is a CON of 09/481,084 01/11/2000 PAT 6,328,699
 This application 10/698,031
 claims benefit of 60/470,468 05/13/2003

CHL
 6/29/07

**** FOREIGN APPLICATIONS *******

NONE CHL 6/29/07

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 02/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 34	TOTAL CLAIMS 146	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Carl H. Fazio</i> Initials: <i>CHL</i>				

ADDRESS

20995

TITLE

System for detecting, diagnosing, and treating cardiovascular disease

FILING FEE RECEIVED 1756	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit